

Sign Out Edit View Format Reports Chat/Help

ICANotes
Behavioral Health EHR

Chart Room

Chart Face

Back

< prev

next >

Show Notes in List

SOS
610 N. Silver St
Silver City, NM 88061
575-958-6131
575-958-6947
Medicaid ID: 3571193524

Use Note Creation Time

Clear Time

Set Date/Time

7/30/2023
3:54 AM

Sprague, David S

ID: 44 DOB: 7/13/1982

Case Management Note (SOS)

*Experiencing Severe Anxiety or Panic

*A Major Depression is Present

*Severe Financial Difficulty

*Feelings of Hopelessness, Worthlessness, or Guilt are Present

*Rapid Shifts in Mood are Occurring

Protective Factors:

*History of Ability to Cope with Stress

*Cooperative and Willing to Accept Help

*History of Good Tolerance for Frustration

*Feelings of Responsibility to Children, Family, or Loved Others

*Strong Social Support System

Suicide Risk Assessment:

David denies suicidal ideas or intentions.

Suicide Risk:

Based on the absence of risk factors, David's current risk of suicide is considered Very Low or Absent. There are no suicidal ideation or self-destructive or aggressive thoughts or actions.

Violence Risk:

Based on the risk factors reviewed, David's current risk of violence is considered Absent or Very Low. There is no homicidal ideation or intention. No aggressive ideation, self-injurious intentions, or ideation within the past six months prior to this instance of treatment.

Access to Lethal Means:

Access to lethal means was discussed with David. He denies having access to lethal means at this time.

2 Units for H0038 Peer Support - UH

Time spent face to face with patient and/or family and coordination of care: 30 min

Session start: 1:20 PM
Session end: 1:50 PM

a.n.p

Ryan Dingess, CSW

Electronically Signed
By: Ryan Dingess, CSW

Service Location

Audit Log

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